The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure the Minimum Data Set (MDS) was accurately coded for skin conditions for 1 of 26 (Resident #133) sampled residents reviewed of the 39 residents.

Montgomery Care & Rehabilitation Center

Does not believe and does not admit that any Deficiencies existed, before during or after the Survey. The facility reserves all rights to Contest the survey findings through informal Dispute resolution formal appeal proceedings Or any administrative or legal proceedings or Any administrative or legal proceedings. This Plan of correction is not meant to establish any Standard of care contract obligation or position And the facility reserves all rights to raise all Possible contentions and defenses in any type Of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction Should considered as a waiver of any potentially Applicable peer review, quality assurance or self Critical examination privilege which the facility Does not waive and reserves the right to assert in Any administrative, civil or criminal claim, action Or proceeding. The facility offers its response, Credible allegations of correction as part of its Ongoing efforts to provide quality of care to residents.
### F 278

Continued From page 1 included in the stage 2 review.

The findings included:

Medical record review for Resident #133 documented an admission date of 10/1/12 with diagnoses of Anemia, Heart Failure, Anxiety Disorder, Hypertension, Peripheral Vascular Disease, Diabetes Mellitus, Hip Fracture, Non-Alzheimer's Dementia and Cerebrovascular Accident. Review of a physician's order dated 10/9/12 documented, "Paint (L) [left] & [and] (R) [right] heel with betadine and leave O.T.A. [open to air] daily. Off-load biliat. [bilateral] heels... DX [diagnosis]: Stage II (L) & (R) Heels."

Review of the admission MDS dated 10/8/12 documented Resident #133's skin conditions in Section "M" with no unhealed pressure ulcers, but did have a venous / arterial ulcer. Review of the 14 day MDS dated 10/10/12 documented Resident #133's skin conditions in Section "M" with no unhealed pressure ulcers, but did have a diabetic foot ulcer. There was no diagnosis or other documentation in the medical record that Resident #133 had a venous / arterial ulcer or a diabetic ulcer.

Review of the treatment record dated 10/1/12 documented, "Off-load biliat. [bilateral] heels. Heels reddened..."

Review of the nursing admission skin evaluation dated 10/1/12 documented, "Heels red". Review of the nurse's notes dated 10/9/12 documented, "Fluid filled blisters noted to left heel... Stage II... Res. [resident] admitted with boggy heels..."

### F 278

**Corrective Action for resident(s) affected:**

The MDS coordinator sent a modification to correct the coding on 12/5/12 for correction of the coding on resident 133.

**How facility will identify other residents with potential to be affected:**

An audit of all other residents with wounds will be audited to ensure correct MDS coding of the wound by 1/15/13. Audit to be completed by the MDS Coordinators.

**Measures to be taken to ensure deficiency does not recur:**

Education of the MDS coordinators on accurately ensuring MDS coding of wounds will be completed by 1/4/13 by the Director of Nursing and/or designee.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(F) PROVIDERS/SUPPLIER/CIA IDENTIFICATION NUMBER:

445448

(M) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

12/06/2012

NAME OF PROVIDER OR SUPPLIER

MONTGOMERY CARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

188 OLD FARMER ROAD

CLARKSVILLE, TN 37043

ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(F) COMPLETION DATE

F 278 Continued From page 2.

During an interview in the Director of Nursing's (DON) office on 12/9/12 at 8:12 AM, Nurse #5 was asked about the diabetic foot ulcer coded on the MDS dated 10/18/12. Nurse #5 stated, "I guess I was looking at the diagnosis of diabetes [named nurse] had in her note [dated 10/9/12]..."

During an interview at the central nurses' station on 12/6/12 at 9:12 AM, Nurse #3 was asked about the venous / arterial ulcers coded on the admission MDS dated 10/8/12. Nurse #3 stated, "I don't know where I got that... It may be an incorrect answer... I may have to do a correction on that one."

F 278 Monitoring of Corrective action(s) to ensure deficient practice will not recur:

10% of MDS assessments will be audited monthly by Director of Nursing and/or designee for 3 months to ensure accuracy of coding of wounds. Results will be reported to the Quality Assurance Committee for further guidance and follow up and direction by

F 314

483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to provide the necessary treatment and services to promote the healing of pressure ulcers for 1 of 3 (Resident #133) sampled residents reviewed with a pressure ulcer.

The findings included:

Corrective Action for resident(s) affected:

Resident 133 was assessed on 12/6/12 to ensure no advancement or needed changes in treatment with wound. No issues were identified.

12/6/12
<table>
<thead>
<tr>
<th>F 314</th>
<th>Continued From page 3</th>
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<tbody>
<tr>
<td>Medical record review for Resident #133 documented an admission date of 10/2/2012 with diagnoses of Anemia, Heart Failure, Anxiety Disorder, Hypertension, Peripheral Vascular Disease, Diabetes Mellitus, History of Hip Fracture, Non-Alzheimer's Dementia and Cerebrovascular Disease. Review of a physician’s order dated 10/09/12 documented, “Paint (L) [left] &amp; [and] (R) [right] heels with betadine and leave OTA [open to air] daily. Off-load bilat. [bilateral] heels...” Review of the treatment dated 10/09/12 documented, “…Paint (L) &amp; (R) heels w [with] Betadine and leave OTA... Continue to Offload Heels.” There was no documentation that the treatment intervention was provided as ordered on 10/13/12, 10/14/12, or 10/18/12. During an interview in the conference room on 12/8/12 at 3:21 PM, the Director of Nursing (DON) was asked if the ordered treatment for the betadine to be applied to the heels was provided on 10/13/12, 10/14/12, and 10/18/12. The DON reviewed the treatment record and stated, “…I am well aware of this [blanks on the treatment record] and have discussed it with the nurses... It was two different nurses, left undone [treatment]...”</td>
<td>How facility will identify other residents with potential to be affected: Audit of treatment records of receiving residents will be completed by the Director of Nursing by 12/21/12 to ensure all treatment orders are being completed as ordered. Measures to be taken to ensure deficiency does not recur: Nursing staff involved were counseled on 10/19/12 by the Director of Nursing. Licensed staff will be educated by the Staff Development Coordinator on ensuring treatments are completed as ordered by 1/4/13. Monitoring of corrective action(s) to ensure deficient practice will not recur: Treatment records will be audited by the Treatment Nurse, Assistant Directors of Nursing, and/or Director of Nursing, weekly for 4 weeks, then monthly for 3 months to ensure compliance. Results of the audits will be reported to the Quality Assurance Committee for further guidance and follow up as needed.</td>
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<td>F 431</td>
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<td>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all</td>
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F 431 Continued From page 4
controlled drugs is maintained and periodically reconciled.
Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.
In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.
The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on policy review, observation, and interview, it was determined the facility failed to ensure medications were dated when opened, not stored past their open date or expiration date or that internal and externals were stored together in 4 of 7 (100, 200 and 400 hall medication carts and treatment cart) medication storage areas.

F 431 Corrective Action for resident(s) affected:
Macrobid without a label, Levemir vial with no open date, and Lantus with no open date were removed from the 100 hall medication cart on 12/5/12 and discarded by the charge nurse and Assistant Director of Nursing. The individual triple antibiotic ointment package stored in the top drawer, and 3 bottles of oral medication and one bottle of saline wound flush stored together were removed from the 200 hall medication cart on 12/5/12 and discarded by the charge nurse and the Assistant Director of Nursing. Systane lubricant eye drops without resident name was removed and from the 400 hall medication cart on 12/6/12 and discarded by the charge nurse and Assistant Director of Nursing. Povidone first aid ointment with expiration date of 10/12, muscle rub with expiration date of 10/12, open Dermalevin foam dressing, and open Calcium Alginate dressing were removed from treatment cart on 12/5/12 and discarded by the treatment nurse.
F 431  Continued From page 5

The findings included:

1. Review of the facility’s "Medication Administration-Medication Storage" policy documented, "...8. External medications: stored separately from all other medication in the cabinet and labeled, “External Use Only”... 10. Stock drugs: stored together separately... 15. Multi-dose vials must have puncture date and nurse's initials when originally used..."

2. Observations on the 100 hall in front of room 105 on 12/5/12 at 5:26 PM, revealed the 100 hall medication cart had medications stored as follows:
   a. Macrodial in the top drawer loose with no label.
   b. Levarin vial in a box with no open date on the vial.
   c. Lantus vial with no open date on the bottle.

3. Observations on the 200 hall in front of room 203 on 12/5/12 at 5:44 PM, revealed the 200 hall medication cart had medications stored as follows:
   a. An individual triple antibiotic ointment package open in the top drawer.
   b. Three bottles of oral medication including Vitamin B1, Multivitamins, and Multivitamins with Minerals and one bottle of saline wound flush stored together in the bottom right drawer.

During an interview on the 200 hall on 12/5/12 at 5:44 PM, Nurse #1 stated, "I don't know why that [individual triple antibiotic ointment package] would be in there like that... I don't know who put those down there."
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<tr>
<th>ID TAG</th>
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| F 431  | Continued From page 6  
During an interview in the Director of Nursing (DON) office on 12/6/12 at 4:26 PM, the DON stated, "Medications should be divided per our policy... nasal sprays, eyedrops... should be stored separately... nurses are on the carts every day and should be looking at things... they should know that [internal and external medications should be stored separately]... I can fix that..."  
4. Observations on the 400 hall on 12/6/12 at 9:50 AM, revealed the 400 hall medication cart had a bottle of Systane lubricant eye drops with an open date of 11/24/12 with no name on the bottle. 
During an interview on the 400 hall on 12/6/12 at 9:52 AM, Nurse #1 stated, "The name should be on the bottle, too."
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<tr>
<td>F 431</td>
<td>Monitoring of Corrective action(s) to ensure deficient practice will not recur. Medication Storage areas will be audited weekly for 4 weeks, then monthly for 3 months to ensure compliance by the Assistant Directors of Nursing, Directors of Nursing, and/or the Staff Development Coordinator. Results of the audits will be presented to the Quality Assurance Committee for further guidance and follow up as needed.</td>
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<td>F 431</td>
<td>Continued From page 7 in there...&quot;</td>
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<tr>
<td>F 514</td>
<td>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</td>
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The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any predmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to ensure physician's orders were accurate for 1 of 39 (Resident #73) sampled residents included in the stage 2 review.

The findings included:
Medical record review for Resident #73 documented an admission date of 8/16/07 with diagnoses of Depression, Hypertension, Anxiety, Seizures, Dysphasia, Dementia, Hypertipidemia, Stage IV Pressure Ulcer to Right Buttocks, Arterial Wound to Left Foot and History of Cerebrovascular Accidents. Review of the physician's orders dated 12/1/12 documented, "...APPLY EUCERIN MOISTURIZER TWICE A
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**1. PROVIDER/SUPPLIER/CLA Number:** 445448

**2. PROVIDER'S PLAN OF CORRECTION**

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<tr>
<td>F 514</td>
<td>Continued From page 8 DAY AND AS NEEDED TO SKIN FOR ECZEMA... APPLY TRIAMCINOLONE OINTMENT TO AFFECTED AREA TWICE DAILY... CLEANSE LEFT OUTER ANKLE WITH WOUND CLEANSER, APPLY HYDROFEMA BLUE TO WOUND, COVER WITH FOAM DRESSING DAILY AND AS NEEDED... ELIMITE CREAM: APPLY FROM NECK DOWN, WASH, MOTE INFESTATION [INFESTATION] OFF AFTER 8 HRS, RETREAT IN 7 DAYS.&quot;</td>
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Review of Resident #73's treatment record dated 12/1/12 through 12/31/12 had no documentation for the following treatments:

a. Apply Eucerin moisturizer twice a day and as needed to skin for eczema.
b. Apply Triamcinolone ointment to affected area twice daily.
c. Cleanse left outer ankle with wound cleanser, apply hydrofema blue to wound, cover with foam dressing daily.
d. Elimit cream: Apply from neck down, wash mite infestation off after 6 hrs, retreat in 7 days.

During an interview at the central nurses' station on 12/5/12 at 11:23 AM, Nurse #2 stated, "She [Resident #73] hasn't had that [Elimite cream] in a long time... Those are old orders [Triamcinolone, Elimit, and wound care and dressing to left outer ankle]... They're [Triamcinolone, Elimit, and wound care and dressing to left outer ankle] not on there [treatment record]... I don't see the d/c [discontinue] order..."

**MEASURES TO BE TAKEN TO ENSURE DEFICIENCY DOES NOT RECUR:**

- The licensed staff will be educated on ensuring that the treatment record reflects the active physician orders by the Staff Development Nurse. Education will be completed by 1/4/13.

**MONITORING OF CORRECTIVE ACTION(S) TO ENSURE DEFICIENT PRACTICE WILL NOT RECUR:**

- 20% of physician orders will be audited monthly by the Assistant Directors of Nursing, the Director of Nursing, and/or other administrative nurses for 3 months to ensure accuracy and compliance. The results of the audits will be reported to the Quality Assurance Committee for further guidance and follow up as needed.